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ABSTRACT

This study examines characteristics of Hispanic females in single- and dual-headed households in an effort to understand the impact of the feminization of poverty on Hispanic Americans of Mexican, Cuban, and Puerto Rican origin. The following aspects of these women are examined: (1) sociodemographic characteristics; (2) language of interview; (3) education level; (4) income level; (5) federal aid receipt; and (6) health characteristics. Results indicate that women from single-headed households were more likely to be middle-aged, and more likely to be divorced or separated rather than widowed or never married. No significant differences were found between the two groups with regard to language of interview or education level. Mexican American single female heads of household were more likely to live in poverty than were females of dual-headed households. Results reveal that almost two-thirds of all Mexican American female-headed households have incomes below the federal poverty level. In spite of these findings, few single females were receiving Aid to Families with Dependent Children, but more than half had received food stamps in the 12 months prior to the interview. Single-female headed households were much less likely to have private health insurance. Single female heads of household indicated that they encountered barriers to health care. Fifteen figures and 12 references are included. (JS)

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The Feminization of Poverty among Hispanic Households

By Fernando Treviño, Dorothy B. Treviño, Christine A. Stroup, and Laura Ray

Executive Summary

Since the early 1970's, the gap between Americans at the higher and lower income levels has steadily grown larger--with the rich becoming richer and the poor becoming poorer. At the same time, an increasing proportion of the lowest income group is made up of single, divorced and widowed women and their children, a trend described as the "feminization of poverty." Because the Hispanic population of the United States has seen an upswing in the number of female-headed families, it has borne a significantly larger share of the impact of the feminization of poverty.

Twelve million people, including one of every five children, live in female-headed families with incomes below the poverty level. This is twice the number of poor, female-headed households in this country than in 1960 and constitutes one-third of the U.S. poverty population today.

The feminization of poverty is, in large part, the result of the increase in the number of female-headed households and the relative improvement of incomes of other groups. While other groups, such as senior citizens, have been able to exert political power to mold public programs to their needs, female-headed households have little political power with which to influence policy. Instead, single mothers generally have a relatively low earning capacity, lack sufficient child support from absent fathers and receive low benefits from public assistance, all of which contribute to a downward economic spiral. They are, therefore, more likely than other families to be poor and to suffer poverty for longer periods of time.

Because the percentages of Hispanics living in female-headed households have increased since 1960 and 1970, the feminization of poverty has taken a dramatic toll on the Hispanic population. Compared to the 13.6 percent of non-Hispanic whites who lived in female-headed households in 1980, 16 percent of Cuban-American households were female-headed, 18.9 percent of Mexican-American households were female-headed. In addition, 42.7 percent of the non-Hispanic white, female-headed households were headed by widows, who generally receive a better income than other female-heads of families. This compared to 37.4 percent of Cuban female-headed households headed by widows, 26.5 percent of Mexican American female-headed households, and 17.5 percent of Puerto Rican female-headed households. These groups were generally younger than non-Hispanic whites and registered higher percentages for households headed by divorced, separated and never-married women.

Within the Hispanic population, there is a significant income gap between Hispanic families that are female-headed and those that have a husband and wife. Between the 1960's and 1970's, there was a marked decline in income for female-headed families among all ethnic groups. In 1980, female-headed households accounted for only a tiny portion of the income gap (1/20th) between non-Hispanic whites and Puerto Ricans and one-seventh of the gap between non-Hispanic whites and Mexican

Americans. The result is an increasing number of Hispanic women and children living in the lowest income groups.

This has a decided effect on the physical and mental health and levels of achievement of these women and children. There is ample evidence that poverty and poor physical health are related. Infant mortality rates are consistently higher among the poor, and poor children run greater risk for cancer, infectious diseases, dental problems and nutritional disorders. This is, in part, related to health-care follow-thorough programs and prevention programs, which may be less available to the poor.

There is also a relationship between family status and mental health. Surveys have shown that single mothers report lower levels of self-satisfaction and higher levels of anxiety and depression and use a greater proportion of community health services than do persons in two-parent households. This can be partially attributed to stress-related changes that come with divorce or separation, including loss of income, changes in employment and work hours and changes in residence and household composition. One study found that low income alone accounted for the greatest amount of psychological decline among single mothers.

While children living in mother-only families do not differ significantly from others on standardized intelligence tests, they do receive, in general, much poorer grades in school and are reported to have more emotional and behavioral problems. Children living in mother-only families, particularly minority children, are less likely to complete high school, have lower occupation status and income levels when they reach adulthood and are three times as likely to become welfare recipients.

Many recent studies have pinpointed economic deprivation as a major cause of the negative consequences of living in a female-headed household. In addition, when single mothers had adequate education and income, there was no significant difference in parenting success compared to that of mothers in two-parent homes. The solution to this deprivation is not easily attained. Women on welfare have very poor earning capacity. If the women could find full-time work, more than half would earn less than their welfare grants. Another quarter would earn only $1,000 more than their welfare grants.

This reduced earning capacity is the result of various factors, including time spent away from the work place in child-rearing, lost seniority and job training as a result, and the lack of pay equity between men and women. Full-time women workers who earn about 60 percent as much on welfare would prefer employment; many find it impossible to work their way out of poverty. For the Hispanic population, the consequences of the feminization of poverty are becoming increasingly significant.

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The Effect of the Feminization of Poverty on the Health and Mental Health Status of Hispanic Women and Children

According to public policy analysts, the rich in the United States are indeed getting richer and the poor are getting poorer. Until the early 1970s, family income distributions were moving slowly but steadily toward equality, leaving a smaller and smaller gap between the incomes of families in the top and bottom 10 percent. Since then, upper and lower family incomes have become increasingly less equal. In addition, there has been a major change in the types of persons who are in or near poverty status. Increasingly, the lowest income group includes a large proportion of single, divorced, or widowed women and their children (Levy, 1987), a trend described by Diane Pearce as "the feminization of poverty" (Pearce, 1978). Today approximately 12 million people, including 1 of every 5 children, live in poverty-level families headed by women. They constitute over one-third of all people in poverty. The number has grown steadily since 1960 when there were only 6 million poor, female-headed households. Including 1 of every 12 children made up18 percent ofthe poor (Levy, 1987). The feminization of poverty represents one of the most important and difficult issues to resolve in the United States today.

In the 1960s and 1970s, about 25 percent of all American families at some time were in poverty and dependent on welfare. However, the vast majority remained poor for a very short period of time. Today a growing minority of persons in poverty are poor and dependent for significantly longer periods of time. Many of this latter group are female-headed families (Levy, 1987). The feminization of poverty has occurred because of the increase in the number of female-headed households and because of improvement of incomes in other groups. According to Garfinkel and McLanahan (1986), "families headed by women with children are the poorest of all major demographic groups regardless of how poverty is measured" (p. 11). In the last two decades, such groups as the disabled and the aged, who had previously suffered

economically, have improved their incomes greatly. During the same period, female-headed households have suffered economic decline. Widowed women generally have significantly larger incomes than do households headed by separated, divorced, or never-married women. However, all four groups have incomes that are much lower than those of two-parent households. These poor have little political power with which to influence policy affecting them and little access to the labor market, except in very poor paying jobs. They fall into poverty because single mothers generally have very low earning capacity, lack sufficient child support from absent fathers, and receive very low benefits from public assistance when compared to aid provided to other groups (Garfinkel and McLanahan, 1986:11). In summary, mother-only families are more likely than other family types to be poor. Their poverty is more severe and lasts for longer periods of time than does that of many other groups in poverty.

The Effects of Poverty on Physical and Mental Health

Numerous studies have shown a high correlation between being classified as emotionally disturbed and receiving welfare. Up to 67.7 percent of recipients in some studies have been found to be disturbed. Children in poverty homes have been found in numerous studies to be significantly less well adjusted than those of homes not in poverty. The poverty group includes those whose mental disturbance caused an inability to function in the work world, with the resulting economic consequences (Brill, 1979). However, there is little doubt that the stresses and strains of poverty account for many emotional problems.

There is also ample evidence that poverty and poor physical health are related. Infant mortality rates are consistently higher among the poor, as is low birth weight, which for the poor is highly correlated with infant mortality. Children of low-income families are at greater risk for cancer, infectious diseases, dental problems and nutritional disorders (Shah, Kahan, and Krauser, 1987).

Health status is also related to the utilization of health services. Evidence is mixed about whether people in poverty over- or underuse health services. Many overutilize such resources as emergency rooms. However, health is best preserved with treatment follow-through and prevention services, and these two factors may be less available to the poor. Wan and Gray found, in a large community health survey, that persons without a regular source of care were least likely to use preventive services. Low-income groups were the ones least likely to have a regular source of care (Wan and Gray, 1978).

The Effects of Female-Headed Households

The relationship of family status to physical and mental health has been the subject of numerous studies in the past two or three decades. The status of single mothers has been found to be highly related to poor mental health. Large epidemiological surveys find that single mothers report lower levels of self-satisfaction and higher levels of anxiety and depression and utilize a greater proportion of community mental health services than do persons in two-parent households (Guttentag, Sabasin, and Belle, 1980). Some researchers have argued that single parenthood does not cause psychological problems but that, instead, persons who are psychologically impaired tend to divorce, not to remarry, or to never marry. Many studies dispute this logic. Vast amounts of research now link change and stress to poor physical and mental health. Numerous studies trace the stress-related changes that divorced and separated mothers experience. These women and their children experience more loss of income, making only 67 percent of their predivorce income after one year, more changes in employment and work hours, and more changes in residence and household composition than do divorced men or two-parent families. These changes have been found to be related to stress and lowered health and mental health (McLanahan, 1985).

In a large longitudinal study, McLanahan found that the psychological well-being of single mothers declined 11 percent more than did that of married men with children

in a one-year period. She concluded that much of the psychological difficulties are due to changes that occur subsequent to forming a female-headed household. The most important factors leading to psychological decline in single mothers were chronic strains, such as a lack of education, minority status, and low income. Of the chronic strains, low income alone accounted for the greatest amount of psychological declineamong single mothers (McLanahan,1985).

Living in a female-headed household has effects on the children as well as the mothers, although in many ways the children do not differ from children in two-parent families. Children who spend numerous years in mother-only families have not been found to differ significantly from others on standardized intelligence tests or achievement tests. In general, however, they do receive much poorer grades and behavioral emotional assessments from teachers. They seem to be more likely to underachieve and less likely to live up to teacher expectations. Children living in mother-only families, particularly black children, have a significantly decreased likelihood of completing high school. They also have lower occupational status and economic achievement when they reach adulthood. McLanahan found that living in a mother-only family triples the probability of becoming a welfare recipient. Numerous studies have shown that girls who grow up in single-parent homes are more likely to marry early and have children early, including births both within marriage and out of wedlock. They are also more likely to divorce and to become single heads of families themselves (Garfinkel and McLanahan, 1986:26-31).

Numerous recent studies have found that much of the negative effect of living in a female-only household is directly related to the economic deprivation. However, McLanahan found in a large national survey that family income during adolescence had little effect on the tendency of daughters to become heads of families. This seemed more related to the lack of guidance from two parents. Economic deprivation has been found to be related to many of the physical and mental health problems, as well as the educational

and occupational attainment of children from mother-only households (Garfinkel and McLanahan, 1986). In a prospective study of early childhood parenting, Weinraub and Wolf (1983) found that when single mothers had adequate education and income, there was no significant difference in their parenting success compared to that of mothers in two-parent homes.

Unfortunately, although deficient income has been directly linked to numerous physical and mental health problems of mother-only families, there is little likelihood that their low-income status will change soon. The majority of single mothers who work full-time are not in poverty. However, women on welfare have very poor earning capacity. Those with higher earning capacity are, for the most part, already in the labor force. In a large multicommunity study, Sawhill found that, if those women not employed could find jobs and work full-time, more than half of them would earn less than their welfare grants. Another quarter would earn only $1,000.00 more than their welfare grants. This is partially due to low earning capacity and to the drastic reduction in welfare benefits allowed as earnings increase. In our system, welfare benefits act to replace rather than supplement earnings (Sawhill, 1976).

Single-parent women are less capable of earning sufficient income for various reasons. Because they are mothers, most of their energy has been placed in childcare and not learning a vocation. They have been employed less since leaving school, thus receiving less on-the-job training and seniority. Many became mothers as teens and thus received less education (Garfinkel and McLanahan, 1986). Some of the lower earning capacity is due to discrimination. According to Garfinkel and McLanahan, full-time women workers earn about 60 percent as much as do men in similar jobs. Their evidence indicates that over half of this gender wage gap is due to discrimination rather than deficits in education and experience. This trend has changed little over the past thirty years. Thus, although surveys indicate that most single mothers prefer

employment to welfare, it is impossible for many to work their way out of poverty (Garfinkel and McLanahan, 1986).

The Feminization of Poverty among Hispanics

We have seen that the feminization of poverty has developed primarily from the increased rate of divorce where divorced women and their children significantly lose income and, secondarily but increasingly, from the growing number of single, never-married mothers. How do Hispanics compare with non-Hispanics in these trends? Bean and Tienda analyzed census data from 1960, 1970, and 1980 and compared family structure and income trends between Hispanics and non-Hispanics. In general, all Hispanic groups have developed the same trend toward increasing instability of marriage as exists in non-Hispanic white and black groups. Using census data, Bean and Tienda combined the marital status categories of remarried, previously divorced, divorced, and separated to form a category of experience with marital instability. In 1980, Mexican Americans had only slightly less instability than did non-Hispanics but substantially more instability than in 1970 and 1960. Increases in marital instability were great for Puerto Ricans in each year, approaching the level of black non-Hispanics (Bean and Tienda, 1988).

Looking specifically at female-headed households as of 1980, the lowest percentage occurs in non-Hispanic whites with only 13.6 percent. Among the three major Hispanic groups, 16.0 percent of the Cuban-Americans were female-headed, 18.9 percent of Mexican Americans, and 36.5 percent of Puerto Ricans. The marital status of female-headed households varies greatly by group and has important implications for income. Among non-Hispanic white, female-headed households, 42.7 percent are widows with generally better income than that of other female-headed families. The proportion of widowed Hispanics, however, is much smaller. It ranges from 37.4 percent of Cubans, to 26.5 percent of Mexican Americans and 17.5 percent of Puerto Ricans, reflecting the younger age structure of those groups (Bean and Tienda,

1988). The percentages of Hispanic female-headed families that fall into the "never married" category are generally higher than for non-Hispanic whites, and higher percentages of Hispanic female heads of families are divorced or separated.

Bean and Tienda point out the economic significance of these family structure differences. Using census data, they compared the per capita income of each Hispanic group with non-Hispanic whites by family structural type (i.e., husband-wife families, other families [largely female headed] and nonfamily structures). For Hispanics and non-Hispanics, the per capita income for families with female heads was considerably below the husband-wife and the nonfamily groups, and for 1970 and 1980 the difference was exceedingly large for Hispanic female-headed families. The per capita income for all ethnic groups declined within the "other family," or primarily female-headed structure category during the 1960s and 1970s. The percentage of households falling into this category increased markedly for Spanish-origin groups between 1960 and 1980. Thus, the Spanish-origin families had an increasing proportion of households moving into the lowest per capita category. Bean and Tienda point out that in 1960 only a small amount of the difference between Hispanic and non-Hispanic family income was due to family structure (1/20 of the gap). By 1980, family structures that were primarily female-headed accounted for one-sixth of the income gap between non-Hispanic whites and Puerto Ricans and one-seventh of the gap for Mexicans. Thus, the increasing prevalence of female-headed families among Spanish-origin households is accounting for more of the income gaps between groups. In summary, Spanish-origin families, like non-Hispanic whites, are exhibiting increasing marital instability, and growing numbers of women and children are living in the low-income family structure of female-headed households.

We have seen that single-parent families in poverty do more poorly in general on various measures of physical health, mental health, and achievement. The effect of the feminization of poverty on Hispanic families is only beginning to be analyzed.

Methods

The data for this report were collected from 1982 to 1984 by the National Center for Health Statistics' Hispanic Health and Nutrition Examination Survey (HHANES). The HHANES incorporated a complex, multistage, stratified and clustered sample design. The HHANES was designed as a probability sample whose target population consisted of the civilian, non institutionalized "eligible" Hispanic populations in three broad geographic areas. The sample design yielded a net coverage rate of approximately 87 percent of he 1980 Mexican-origin population in the five southwestern states, 96 percent of the Cuban-origin population in Dade County, Florida, and approximately 90 percent of the Puerto Rican-origin population in the defined area around New York City.

The HHANES was designed so that estimates could be produced for the three separate target areas (Gonzalez et al.,1985). The estimation procedure requires the inflation of sample person observations by the product of the reciprocals of the probabilities of selection at each stage of the design (Primary Sampling Unit [PSU], segment, household, and sample person). Furthermore, the procedure requires adjustment for nonresponse within homogeneous sociodemographic cells to reduce the potential bias attributable to nonresponse, adjustment for noncoverage within the PSU to reduce the potential bias due to the exclusion of block groups and enumeration districts with few Hispanic residents; and poststratified ratio adjustment by age and sex.

Because each person interviewed does not represent the same number of people in the population, the sample weights (which incorporate the selection probabilities, a nonresponse adjustment, and poststratification) must be used to produce the correct population estimates. Standardized normal sample weights were used in calculating the population estimates presented in this report. These weights were calculated by multiplying the effective sample size by the individual's raw weight score and then

dividing by the sum of all the raw weight scores for those individuals in the effective sample size.

Preliminary estimates, presented in this report, for the Mexican-origin population residing in the southwestern states are based on a subset of the HHANES southwest sample. Specifically, a subsample was drawn that included all HHANES Mexican-origin sampled households in which the mother and at least one child were interviewed. The data presented in the report are based on 246 Mexican American female-headed households (which include as a minimum two sample people: the female head and at least one child under the age of 19) and 1,022 Mexican American dual-headed households (in which the mother and at least one child under the age of 19 were sampled).

Results

An examination of the sociodemographic characteristics of these mothers indicated that there were significant differences between women from single- and dual-headed households ($p < .001$). While there were more dual heads of household in the younger age group (ages 17 to 44 years), more single heads of household were middle aged (45 to 64 years) (See Figure 1). The majority of the single females were divorced or separated and few were widowed or had never been married.

No significant differences were found between the two groups with regard to language of interview or education level. Both single and dual heads usually chose to be interviewed in Spanish (63.05 percent and 61.32 percent, respectively). The majority of the women had less than 9 years of education, but large percentages were also found to have at least completed high school (See Figure 4).

Mexican American single female heads of household were considerable more likely ($p< .001$) to be in poverty compared to females of dual-headed households. While 63.30 percent of single females were below the poverty level, only 26.12 percent of

females from dual households were below the poverty level. In spite of these findings, few (19.41 percent) single females were receiving Aid to Families with Dependent Children (AFDC) (See Figure 6). In contrast, more than half of the single mothers had been receiving food stamps in the twelve months prior to the interview (See Figure 7).

The health characteristics of mothers from single- and dual-headed households were also explored. Similar percentages of women from both groups were found to be covered by insurance. More than one-third of each of the household types did not have health insurance (See Figure 8). While single female headed households were as likely to be insured for medical expenses as were dual headed households, they were much less likely to have private health insurance. Dual headed households were twice as likely as were female headed households to have private health insurance. By contrast, female headed households were nine times more likely than were dual headed households to have public health insurance. More than one-fourth of all Mexican-origin female headed households are insured by Medicaid, compared with less than three percent of Mexican American dual headed households (See Figure 9).

When the time interval since the last routine medical examination was explored, it was found that approximately one-fifth of mothers from both household types had never had a routine medical exam and that 23.10 percent of the single female heads of household reported it had been more than five years since their last such exam (See Figure 10). No significant differences were discovered with regard to the time interval since their last visit to a physician. Most of the women from both household types had been to see a physician in the 5 months prior to the interview (See Figure 11). In addition, over 80 percent of all mothers reported having a regular source of health care (See Figure 12).

Significantly more ($p < .01$) single female heads of household indicated that they encountered barriers to health care (50.20 percent) compared to women from dual-headed families (39.86 percent) (See Figure 13). In spite of these barriers, more

than three-quarters of the women from both household types reported they were very satisfied with their health care (See Figure 15). The variable pertaining to self-perceived locus of control regarding future health status was also examined. Single female heads of household were slightly more likely to perceive they had little or no control over their future health status compared to women from couple-headed families (See Figure 14).

Discussion

The results of this investigation revealed that almost two-thirds of all Mexican American female-headed households have incomes below the federal poverty level. As such, they are more than twice as likely as other Mexican American households to be in poverty. Despite the greater prevalence of poverty among Mexican-origin female headed households, relatively few of these households appear to be served by our publicly-funded programs designed to assist the financially needy. Only one-fifth of the female-headed households, in this investigation, reported they were receiving Assistance for Families With Dependent Children (AFDC). Only one-half of these female-headed households reported receiving foods stamps in the preceding twelve months and only 27 percent reported they had coverage under Medicaid.

Further research is warranted to identify factors which enhance and prevent public program participation among Mexican American female heads of households.

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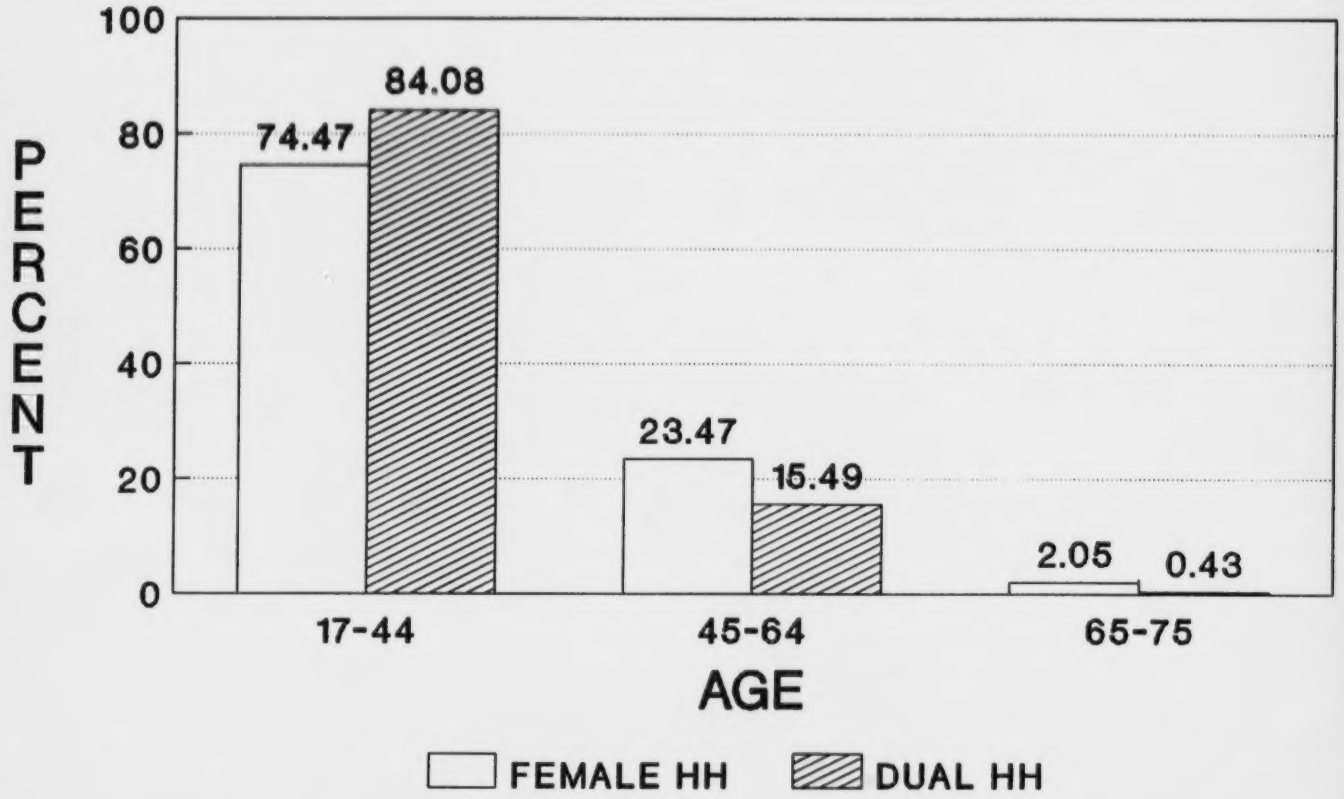
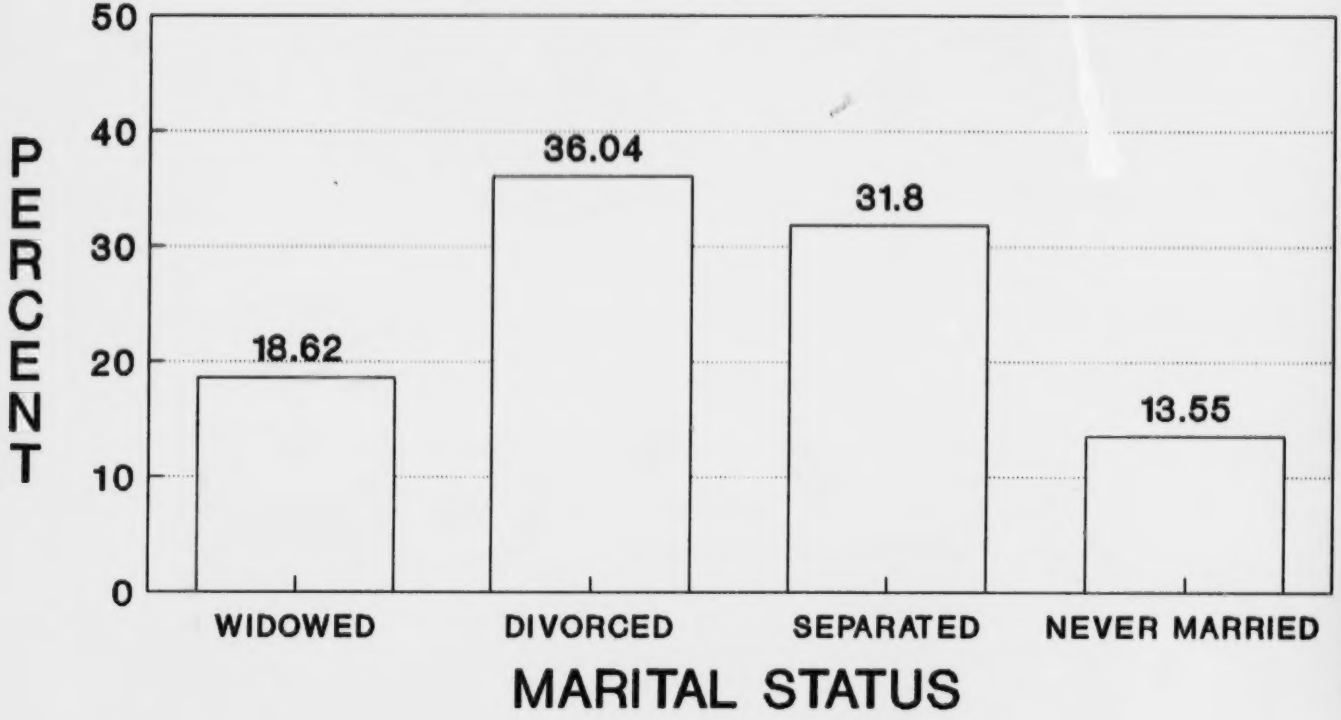
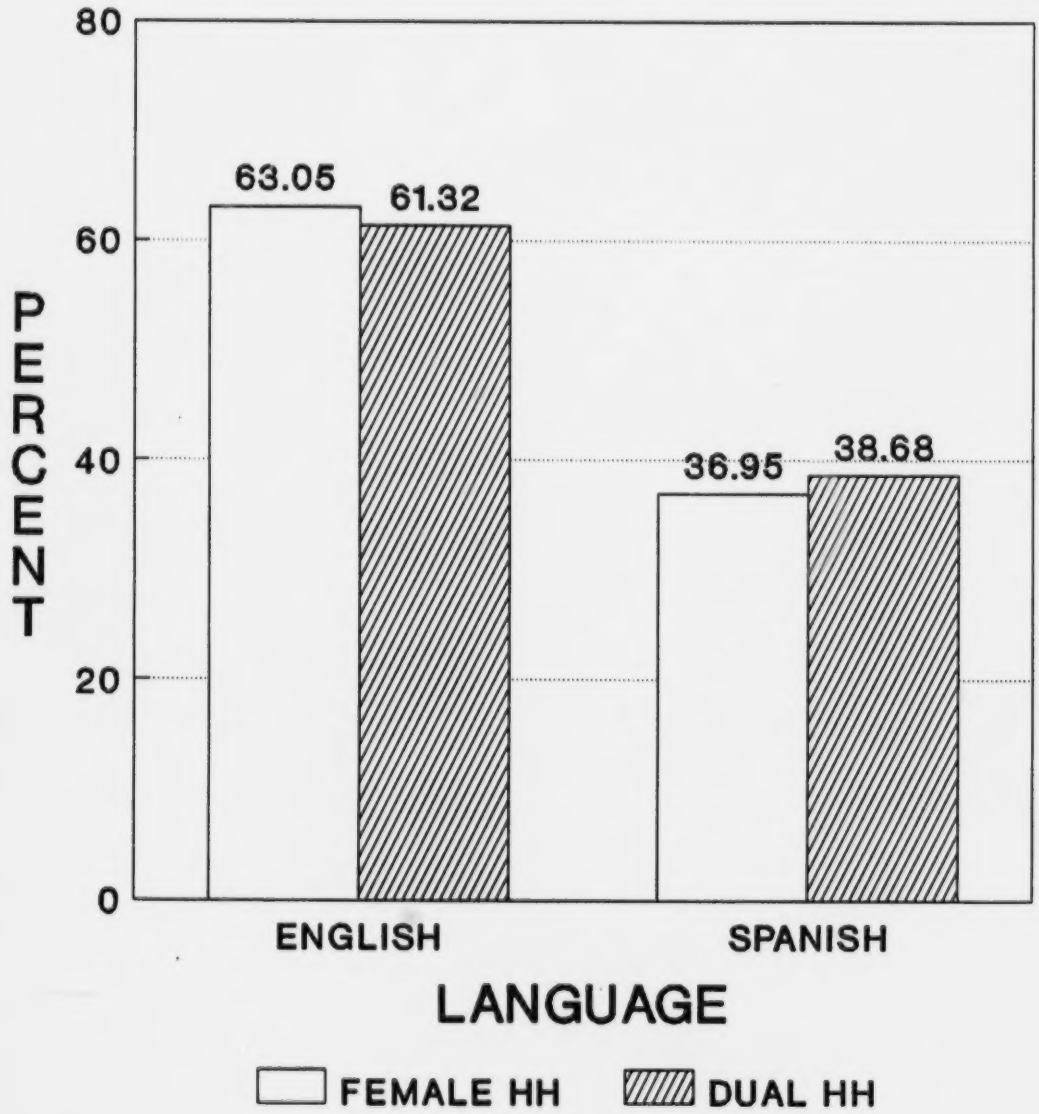
1. AGE OF FEMALES BY HOUSEHOLD TYPE



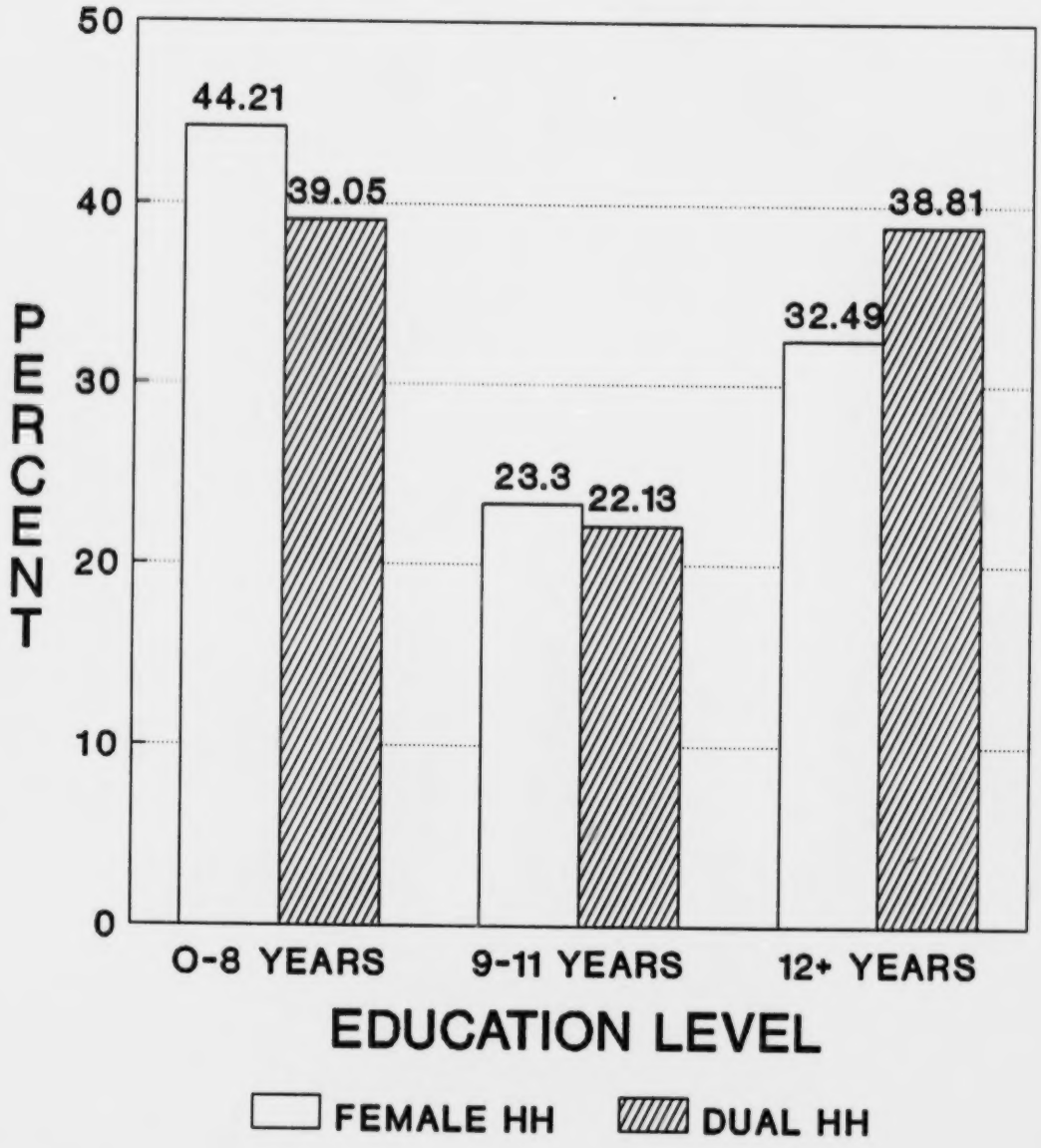
2. MARITAL STATUS OF SINGLE FEMALE HEADS OF HOUSEHOLD



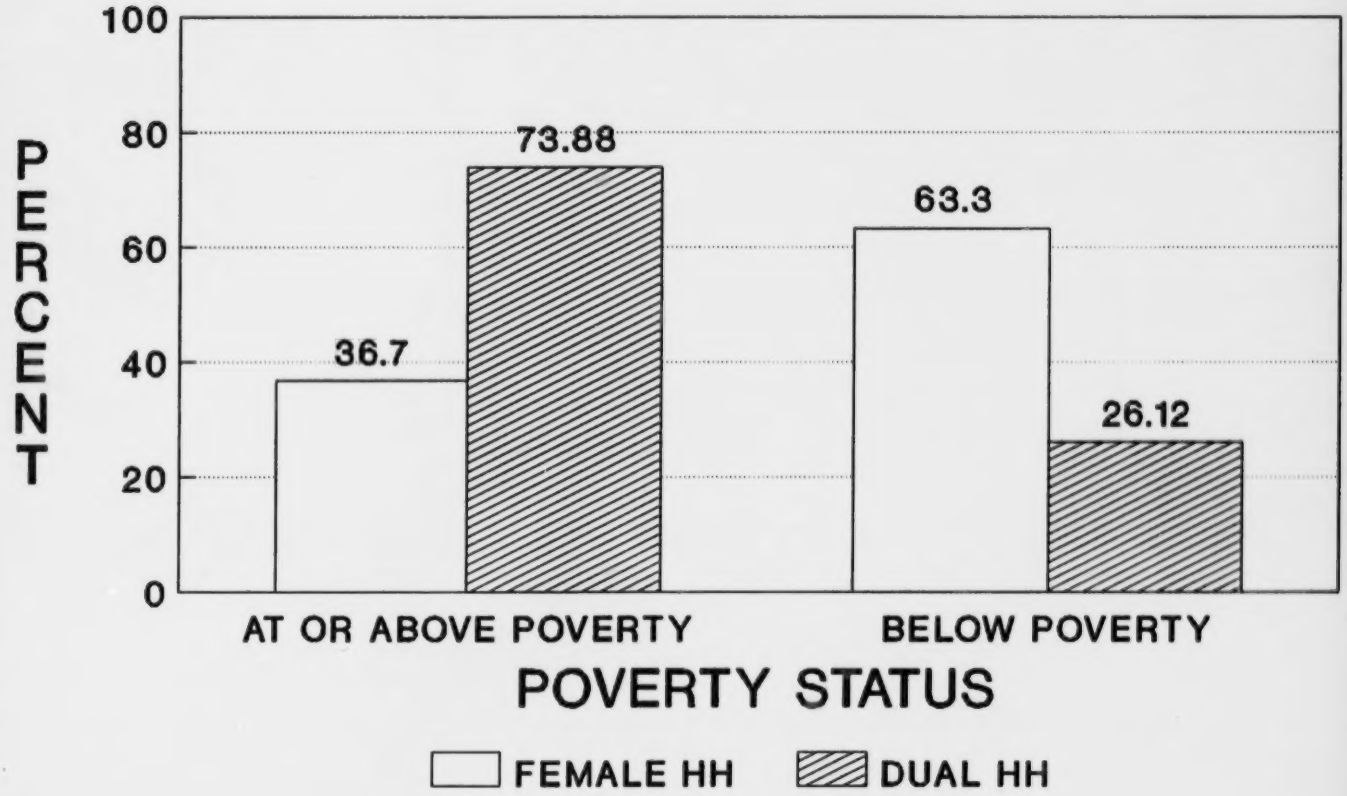
3. LANGUAGE OF INTERVIEW BY HOUSEHOLD TYPE



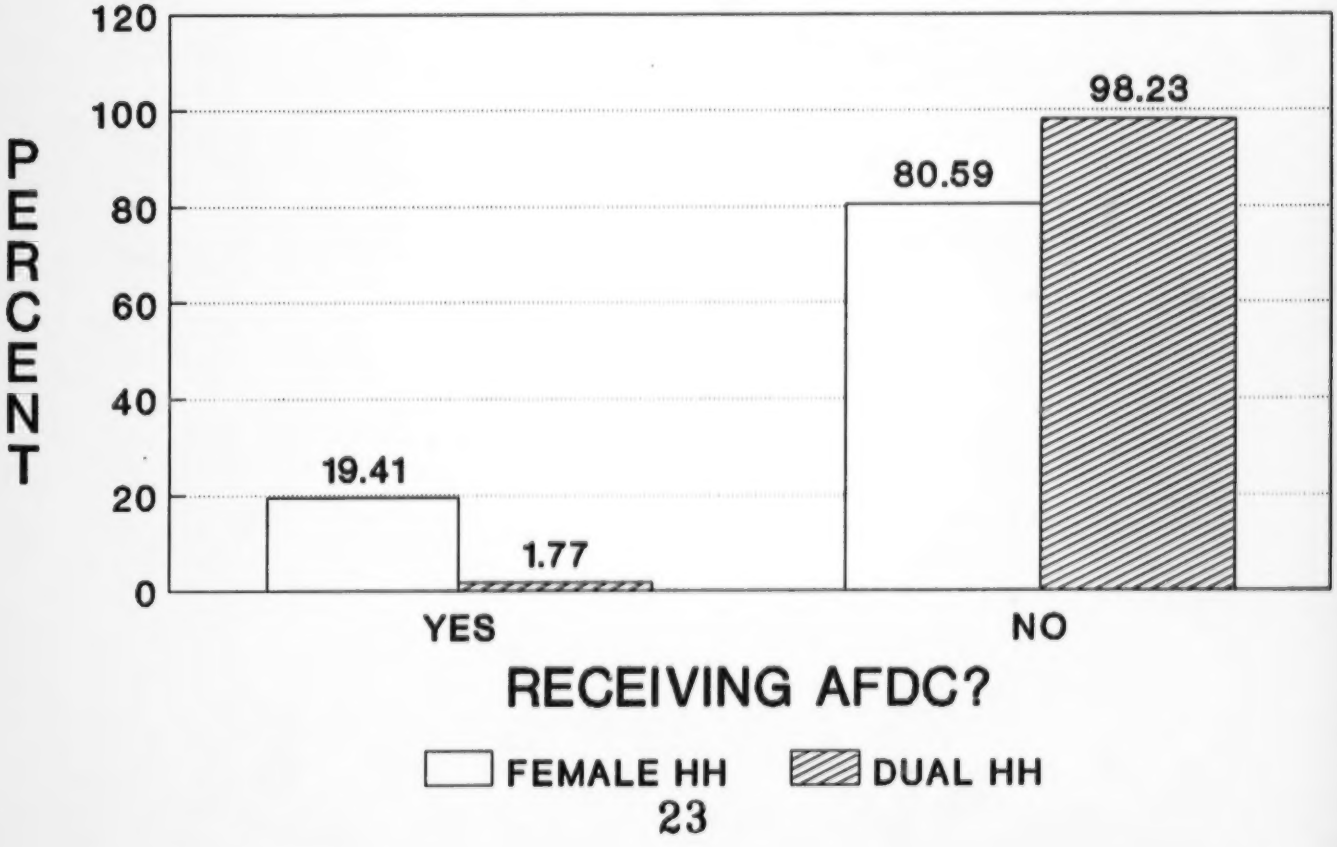
4. FEMALE EDUCATION LEVEL BY HOUSEHOLD TYPE



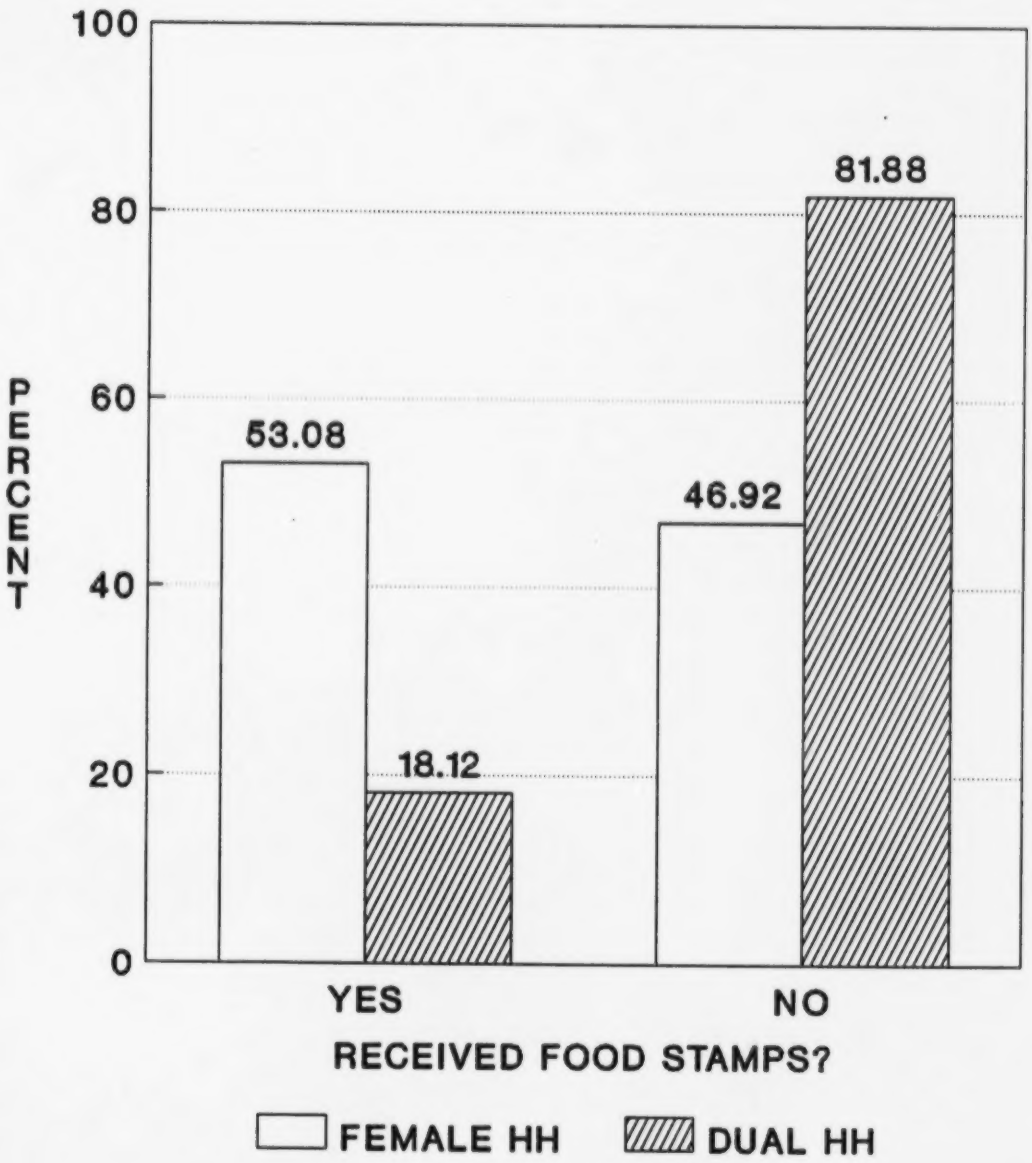
5. PERCENT IN POVERTY BY HOUSEHOLD TYPE



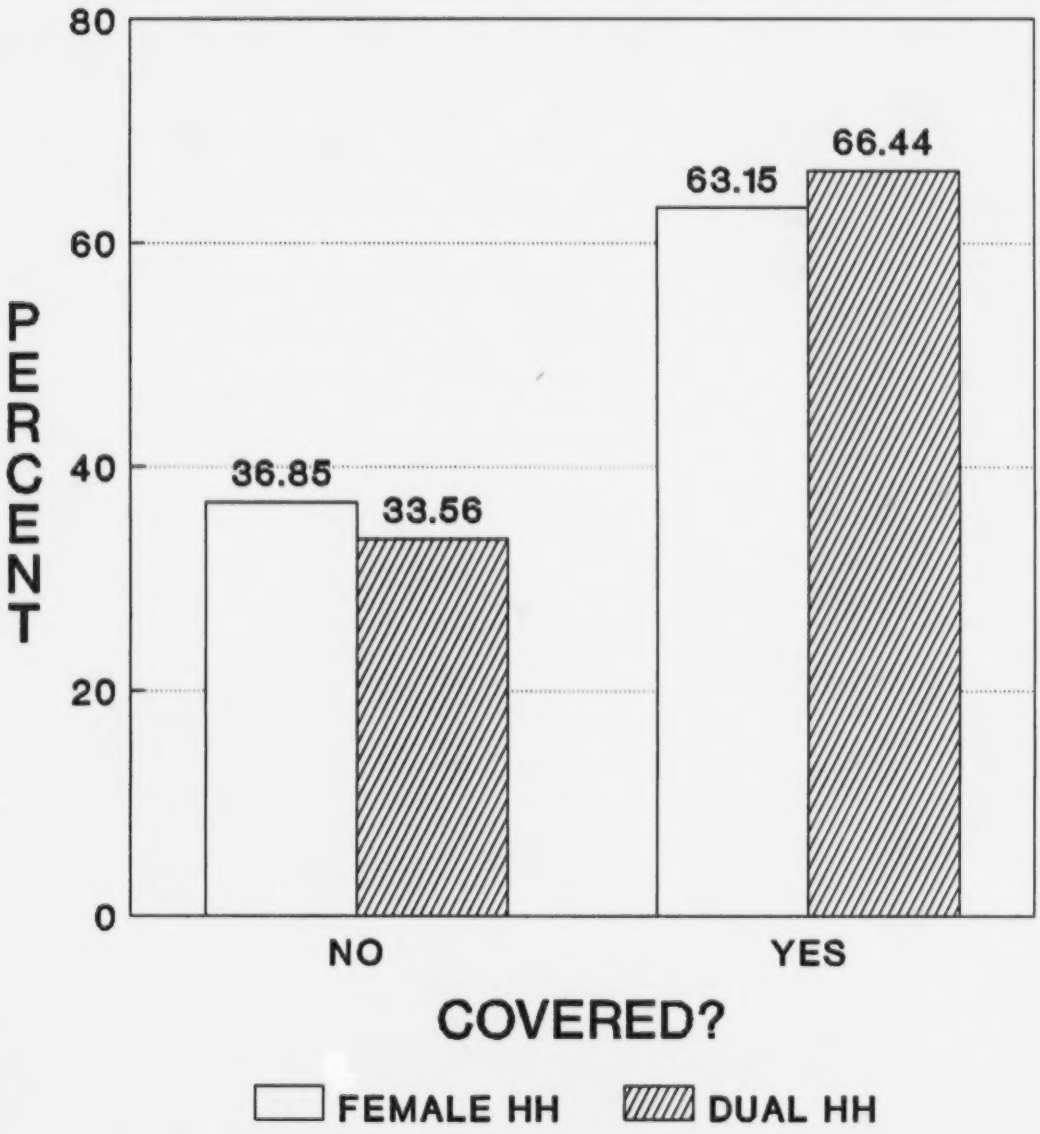
6. PERCENT RECEIVING AFDC BY HOUSEHOLD TYPE



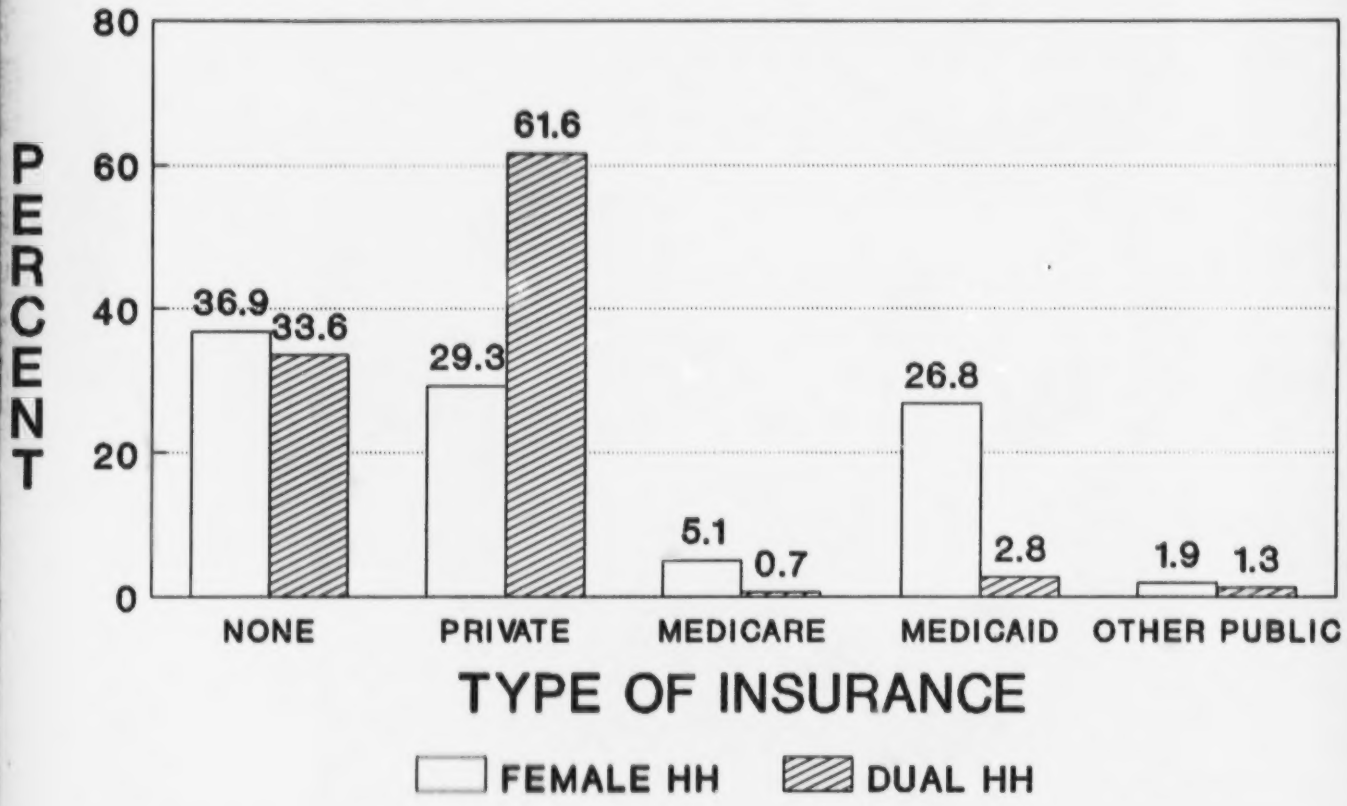
7. PERCENT RECEIVING FOOD STAMPS IN PAST 12 MONTHS



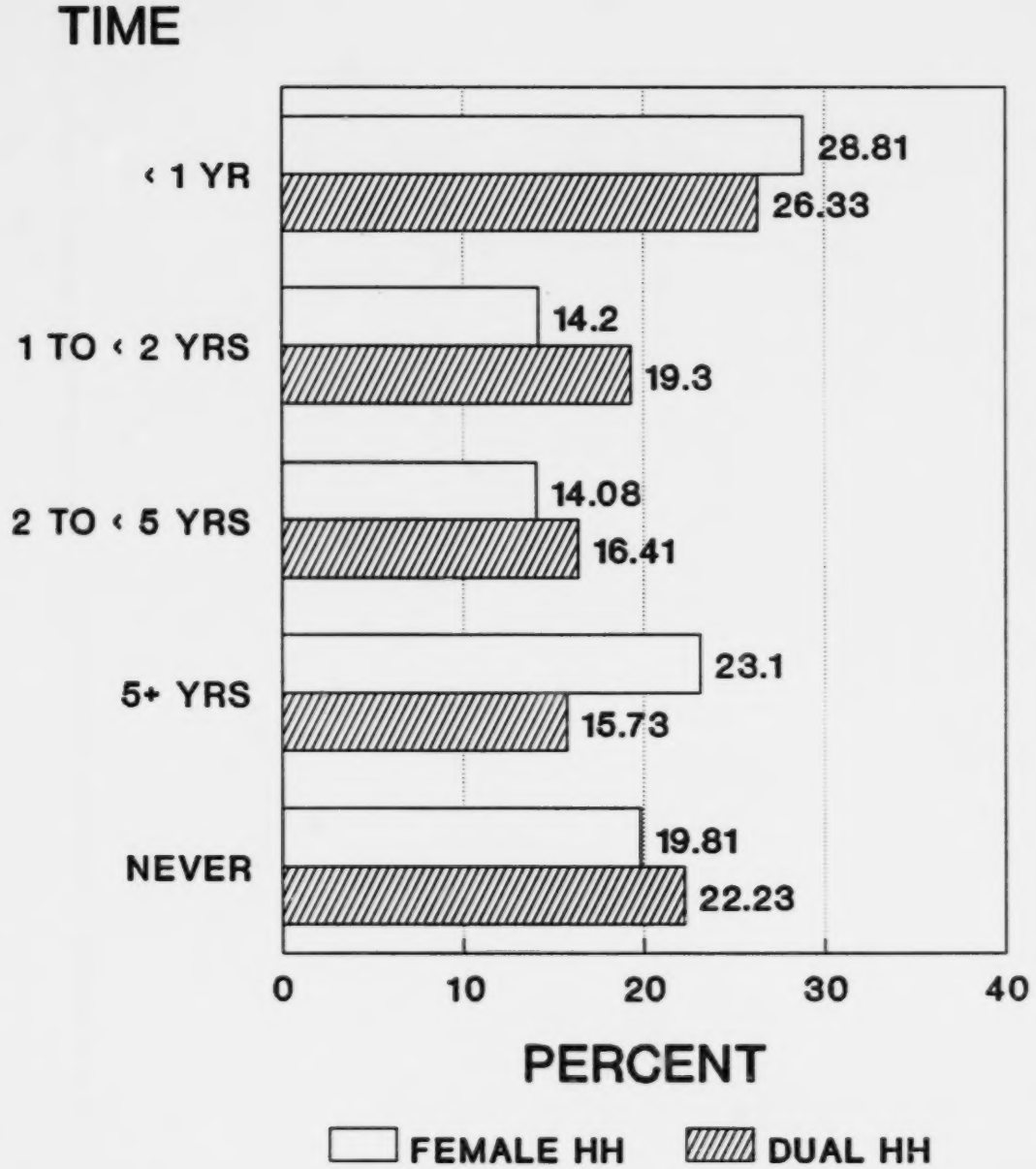
8. PERCENT COVERED BY INSURANCE BY HOUSEHOLD TYPE



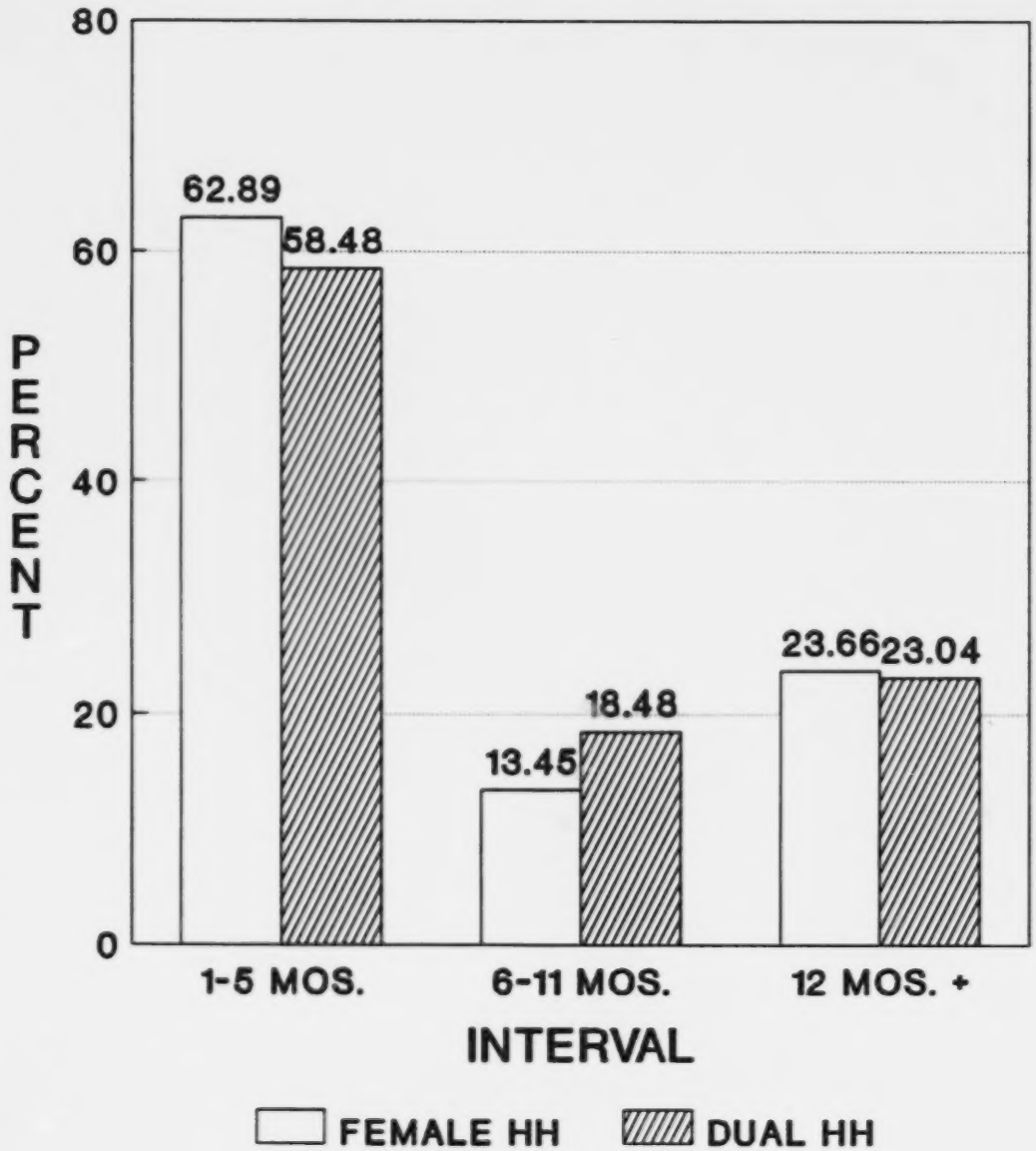
9. TYPE OF INSURANCE COVERAGE BY HOUSEHOLD TYPE



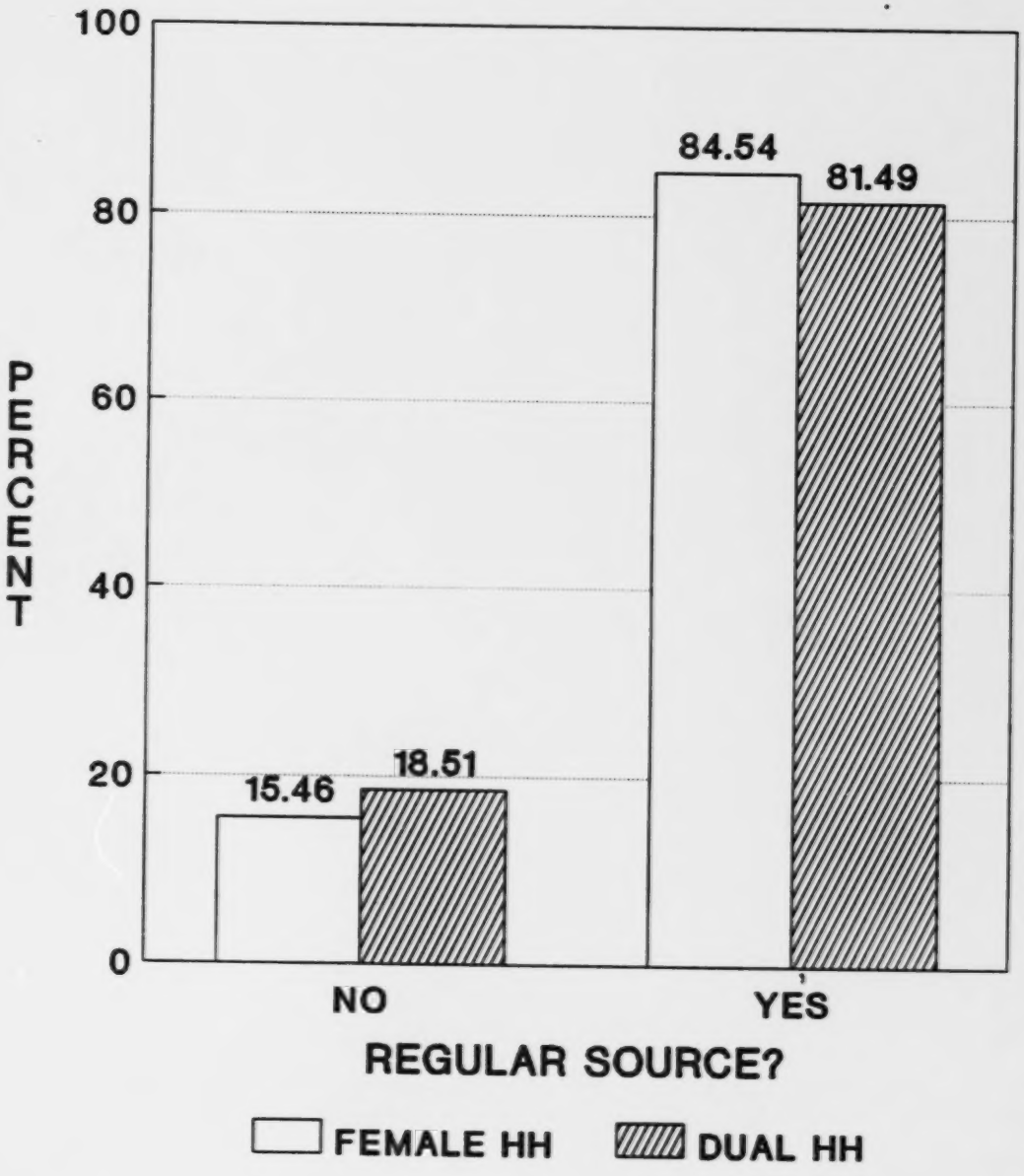
10. TIME SINCE LAST ROUTINE MEDICAL EXAM BY HOUSEHOLD TYPE



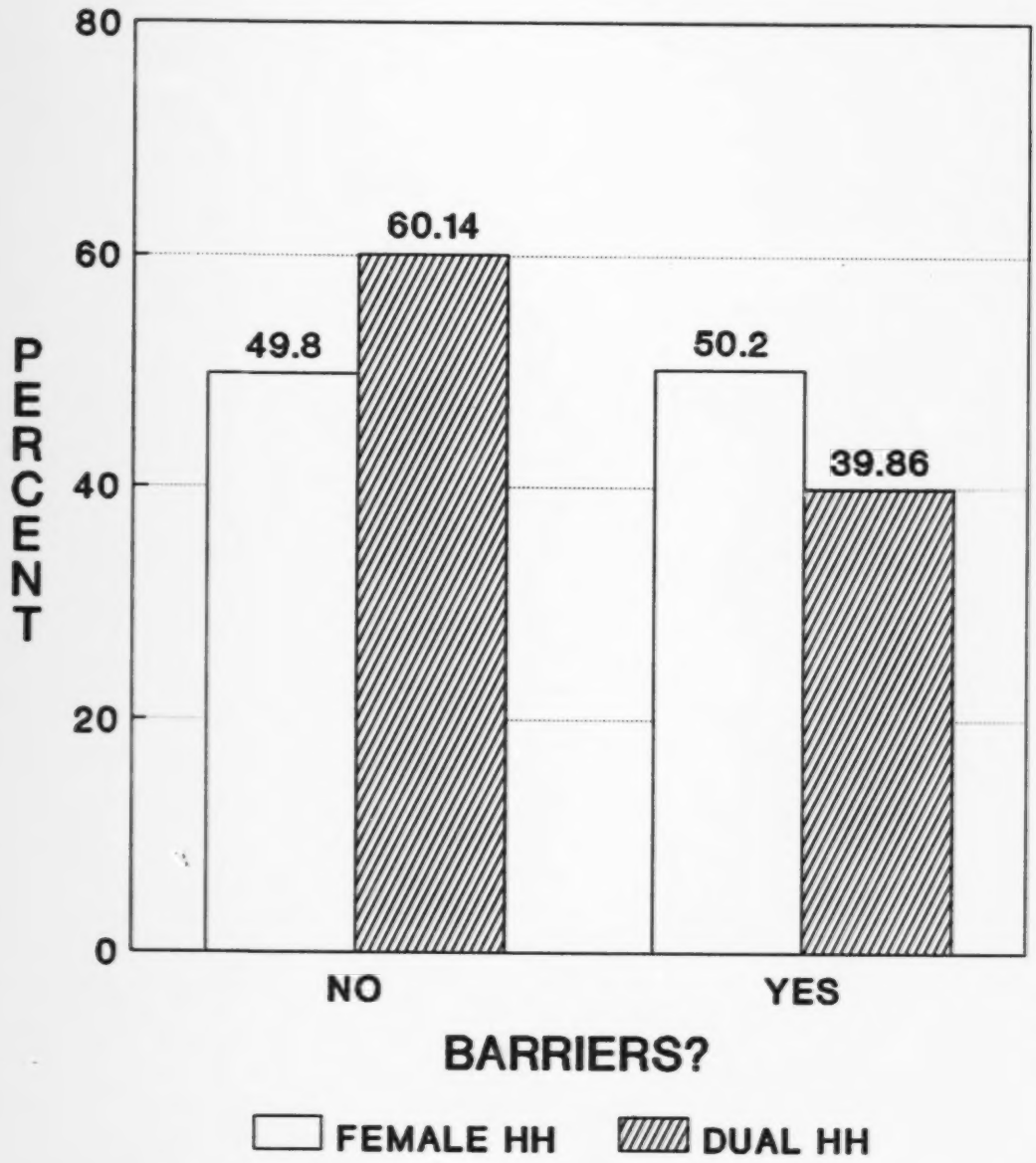
11. INTERVAL SINCE LAST VISIT TO PHYSICIAN BY HOUSEHOLD TYPE



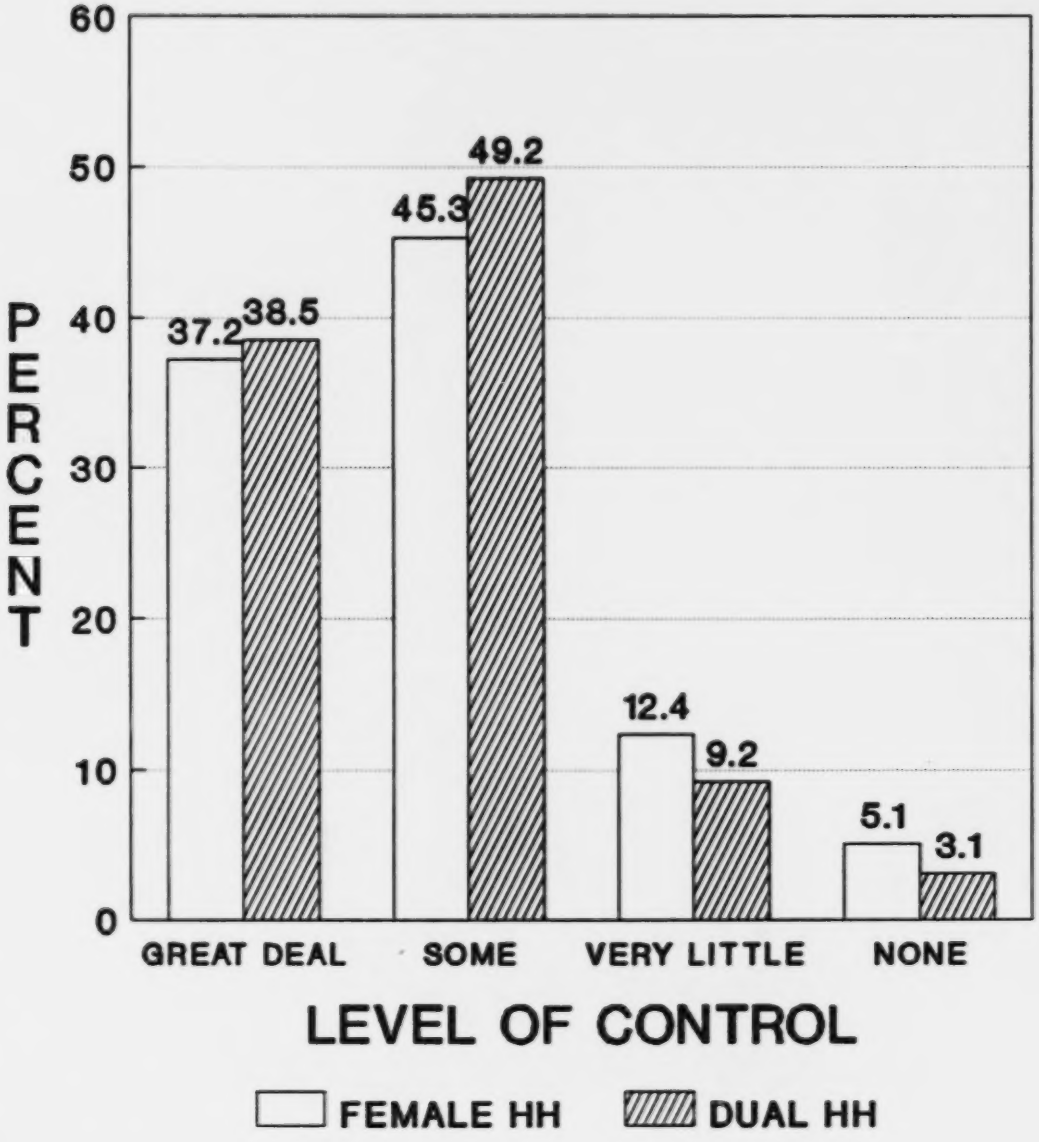
12. PERCENT WITH REGULAR SOURCE OF HEALTH CARE BY HOUSEHOLD TYPE



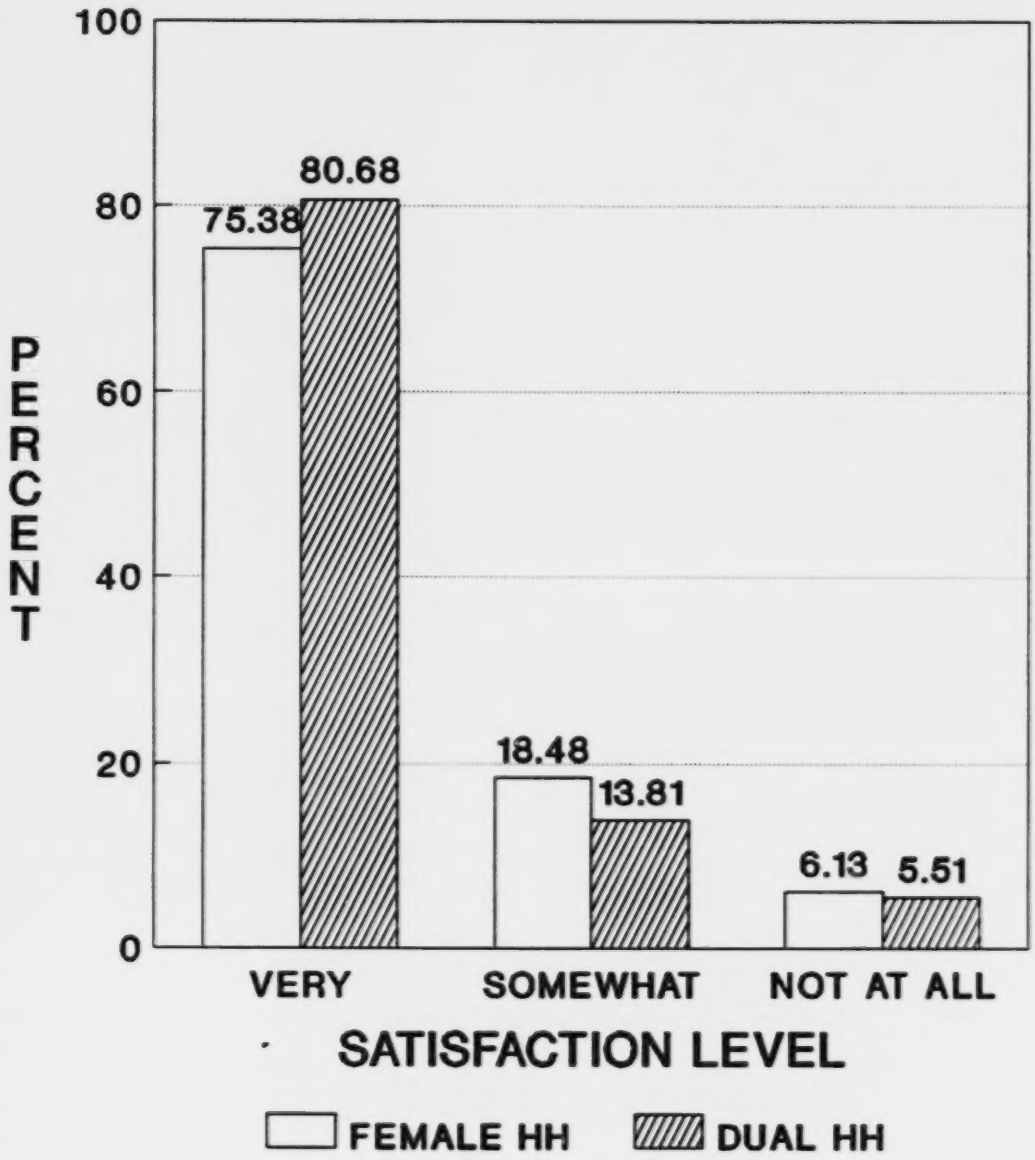
13. PERCENT REPORTING BARRIERS TO HEALTH CARE BY HOUSEHOLD TYPE



14. CONTROL OF HEALTH STATUS IN FUTURE BY HOUSEHOLD TYPE



15. SATISFACTION WITH HEALTH CARE BY HOUSEHOLD TYPE



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